

As Dealer of

COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

.*Use to authorize Agent to pull permit on Installers behalf.

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I. Kyle Johnson Installers Name	give this autho	prity and I do certif	y that the below
referenced person(s) listed on t	his form is/are under my dire	ct supervision and	control and
is/are authorized to purchase po	ermits, call for inspections ar	d sign on my beha	ılf.
Printed Name of Authorized Person	Signature of Authorized Person	Agents Co	mpany Name
Jeffrey L. Connelly	M/2/2-1	5 FHRM	
Lethe license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State Licensing Board has the power and authority to discipline a license			
holder for violations committed to document and that I have full re-	oy him/her or by his/her authors ponsibility for compliance go	orized person(s) the	rough this of such permits.
License Holders Signature (Note	prized) Licens	//2 <i>4657</i> se Number	Date
NOTARY INFORMATION: STATE OF: 21 OF COUNTY OF: alachua			
The above license holder, whose personally appeared before me (type of I.D.)	e name is Ayyo. Sounds and is knowb by me or has ponthis		
Shaven un muser Notary's signature	rtunisanen koja ura kirika kirikun kirikun agarayana an kiriku	(Seal/Staimp)	COMMISSION FELORIOR SOLUTION MBER HH 588